Blue Cross Blue Shield of Michigan

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# NORTHERN MICHIGAN UNIVERSITY
# 007004603
# Dental Coverage
# Effective Date: On or after June 2022
# Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

**Coverage determination:** Claims are subject to dental necessity verification and availability of dental benefits when they are processed, as well as the terms and conditions of the applicable BCBSM certificates and riders.

**Network access information**
With Blue Dental PPO, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.

**Blue Dental PPO network**- Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 dentist locations* nationwide. PPO dentists agree to accept our approved amount as full payment for covered services, and members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit **mibluedentist.com** or call **1-888-826-8152.**

**A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices is two dentist locations.*

**Blue Par Select℠ arrangement**- Most non-PPO(out-of-network) dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services, and members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit **mibluedentist.com.**

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

| Benefits | Coverage |
|---|---|
| **Deductible** | None |
| **Coinsurance (percentage of BCBSM's approved amount for covered services)**<br>• Class I services | None (covered at 100%) |
| • Class II services | None (covered at 100%) |
| • Class III services | 20% |
| • Class IV services | 50% |
| **Dollar maximums**<br>• Annual maximum for Class I, II and III services | $1,000 per member |
| • Lifetime maximum for Class IV services | $1,500 per member |

## Class I services

| Benefits | Coverage |
|---|---|
| Oral exams | 100% of approved amount<br>**Note:** Twice per calendar year |
| A set (up to 4 films) of bitewing x-rays | 100% of approved amount<br>**Note:** Twice per calendar year |
| Panoramic or full-mouth x-rays | 100% of approved amount<br>**Note:** Once every 60 months |
| Prophylaxis (cleaning) | 100% of approved amount<br>**Note:** Twice per calendar year |
| Sealants - for members age 19 and younger | 100% of approved amount<br>**Note:** Once per tooth in any 36 consecutive months when applied to the first and second permanent molars |
| Emergency palliative treatment | 100% of approved amount |
| Fluoride treatments | 100% of approved amount<br>**Note:** Two per calendar year |
| Space maintainers - missing posterior (back) primary teeth - for members 18 and younger | 100% of approved amount<br>**Note:** Once per quadrant per lifetime |

## Class II services

| Benefits | Coverage |
|---|---|
| Fillings - permanent (adult) teeth | 100% of approved amount<br>**Note:** Replacement fillings covered after 24 months or more after initial filling |
| Fillings - primary (child) teeth | 100% of approved amount<br>**Note:** Replacement fillings covered after 12 months or more after initial filling |
| Recementation of crowns, veneers, inlays, onlays and bridges | 100% of approved amount<br>**Note:** Three times per tooth per calendar year after six months from original restoration |
| Oral surgery | 100% of approved amount |
| Root canal treatment | 100% of approved amount<br>**Note:** Once per tooth per lifetime; retreatment of previous root canal therapy (after 12 months from the date of the original therapy) once per tooth per lifetime. |
| Scaling and root planing | 100% of approved amount<br>**Note:** Once every 24 months per quadrant |
| Limited occlusal adjustments | 100% of approved amount<br>**Note: Limited** occlusal adjustments covered up to five times in any 60 consecutive months |
| Occlusal biteguards | 100% of approved amount<br>**Note:** Once every 12 months |
| General anesthesia or IV sedation | 100% of approved amount<br>**Note:** When medically necessary and performed with oral surgery |
| Repairs and adjustments of a partial or complete denture | 100% of approved amount<br>**Note:** Six months or more after denture is delivered |
| Relining or rebasing of a partial or complete denture | 100% of approved amount<br>**Note:** Once per arch in any 36 consecutive months |
| Tissue conditioning | 100% of approved amount<br>**Note:** Once per arch in any 36 consecutive months |

## Class III services

| Benefits | Coverage |
|---|---|
| Removable dentures (complete and partial) | 80% of approved amount<br>**Note:** Once every 60 months |
| Bridges (fixed partial dentures) - for members age 16 and older | 80% of approved amount<br>**Note:** Once every 60 months |
| Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement | 80% of approved amount<br>**Note:** Once per tooth per lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31 |
| Crowns, onlays, inlays, and veneer restorations - permanent teeth - for members age 12 and older | 80% of approved amount<br>**Note:** Once every 60 months per tooth |
| Incisional biopsy of oral tissue-hard (bone, tooth), Incisional biopsy of oral tissue-soft and Exfoliative cytological sample collection | 80% of approved amount |

## Class IV services

| Benefits | Coverage |
|---|---|
| Minor treatment for tooth guidance appliances | 50% of approved amount |
| Minor treatment to control harmful habits | 50% of approved amount |
| Interceptive and comprehensive orthodontic treatment | 50% of approved amount |
| Post-treatment stabilization | 50% of approved amount |
| Cephalometric film (skull) and diagnostic photos | 50% of approved amount |

**Note:** For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination ***before*** treatment begins.